

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE			
						CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51			
2	/						52			
3	/						53			
4	/						54			
5	/						55			
6	/						56			
7	/						57			
8	3						58			
9	3						59			
10	3						60			
11	3						61			
12	3						62			
13	3						63			
14	/						64			
15	/						65			
16							66			
17							67			
18							68			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1						TOTAL IND.			
TOTAL DEP.	26	←	←	←	←		TOTAL DEP.	←	←	←
TOTAL CLAIMS	27	██████████	██████████	██████████	██████████		TOTAL CLAIMS	██████████	██████████	██████████